

**CERTIFICATE OF TRADE NAME
FOR PARTNERSHIPS ONLY**

For Clerk's office use only

CERTIFICATE REQUIRED TO BE FILED BY CO-PARTNERS CONDUCTING BUSINESS IN THE COMMONWEALTH OF
VIRGINIA UNDER AN ASSUMED OR FICTITIOUS NAME

We, the undersigned, do hereby certify in accordance with the provisions of § 59.1-69 of the 1950 Code of Virginia that we are conducting as co-partners the business of

(Type of Business)

at _____
(Street Address) (City) (State) (Zip)

Fauquier County, Virginia, under the name of

(Name of Business)

and that the full names of each and every person composing the said co-partnership and owning the said partnership business, with their respective post office and residence address are:

FULL NAME

POST OFFICE ADDRESS

RESIDENCE ADDRESS

that the name and style of the firm is as hereinabove set forth, the length of time for which the partnership is to continue is indefinite, and the locality of our place of business is as hereinabove shown.

Given under our hands this _____ day of _____ 2_____.

X_____	PRINTED NAME: _____
X_____	PRINTED NAME: _____
X_____	PRINTED NAME: _____
X_____	PRINTED NAME: _____

Commonwealth of Virginia
County of Fauquier, to-wit:

I, _____ the undersigned Deputy Clerk of the Circuit Court (Notary Public) in
and for the Commonwealth and County aforesaid, do hereby certify that _____

_____,
whose names are signed to the foregoing and hereunto annexed Certificate dated the _____ day of _____ 2_____,

has this day personally appeared before me and acknowledged the same before me in my office.

Given under my hand this _____ day of _____ 2_____.

My Commission Expires: _____

Deputy Clerk (Notary Public)

Notary Registration ID Number: _____

Clerk's Recording Fee of \$10.00 Paid
Fauquier County Circuit Court
40 Culpeper St., Warrenton, VA 20186
REV: July 2006